

THE SUMMIT COUNTY SEALING PROCESS

(Sealing of records of convictions, dismissals, not guilty findings, and bail forfeitures)

The following has been provided to assist you with the sealing application process. Every effort is made to keep this information current and up to date. However, keep in mind that changes in legislation may affect the outcome of your sealing request. The laws that are in effect at the time of your sealing application will apply and may supersede any information provided in this document. Although professional public service is offered to assist you in filing an application for sealing of records, employees of the Clerk's Office and employees of the Probation Department **cannot give you legal advice**. Our goal is to help you through the process in an impartial way by delivering excellent service while complying with state legal requirements.

1. WHAT IS "SEALING OF RECORDS"?

Sealing of records is a way to have your criminal record removed and your court file sealed. This means that a sealed prior conviction is no longer in the public record.

However, even if your record is sealed, the record is not destroyed. Your record can still be used by a limited number of persons and/or agencies for a limited number of reasons, according to Ohio law. Law enforcement agencies, prosecutors, some prospective employers and some other agencies can still look at your sealed record. Also, if you commit another crime, your sealed record can still be used against you when you are sentenced.

2. WHAT IS THE FILING FEE FOR A SEALING OF RECORD?

For Summit County Court of Common Pleas cases, there is a \$50.00 filing fee for each motion involving a conviction or bail forfeiture. There is no charge for a motion to seal to seal a dismissal, a not guilty finding, or a No Bill. Cash, checks, money orders, certified checks and credit cards are accepted with proper ID. Checks and money orders shall be made payable to Summit County Clerk of Courts.

Please provide the original **plus** four (4) copies of the Motion to Seal to the Clerk of Courts for Filing. If you have more than one common pleas case that you are applying to have sealed, you must provide 4 additional copies for each additional case. Please contact the Clerk of Courts at (330) 643-2211 if you need to know how many additional copies are required. You may obtain copies at the Clerk of Courts File Room located in the basement of the Clerk of Courts Office. The charge for copies is \$0.10 per page.

If you need your Common Pleas Case Number(s), Municipal Case Number(s), charges, or any other case information in order to complete the Motion to Seal, you may obtain this information by completing a records request with our file room. This may be done either in person at the Clerk of Courts Office File Room (basement level) or on our website at <http://clerkweb.summitoh.net> by clicking Public Records Request. The charge for copies is \$0.10 per page.

If you are mailing your documents to the Clerk of Courts, please include a self-addressed stamped envelope so that we can return a filed copy of your Motion to Seal for your records. Please mail all documents with payment (if applicable) to: Summit County Clerk of Courts, Attn: Criminal Division, 205 South High Street, Akron, OH 44308.

***There are no guarantees that a sealing of record will be granted. Your filing fee is not refundable.**

3. WHAT HAPPENS AFTER THE SEALING APPLICATION IS FILED?

After you have filed your sealing application with the Summit County Clerk of Courts Office, you will be contacted by the Summit County Adult Probation Department. It is necessary to complete an interview with the Probation Department before your application will be considered.

The Adult Probation Department must complete a thorough background report for all applicants seeking a sealing of record. It is in your best interest to respond promptly to communication from the Adult Probation Department. Failure to do so can result in delay or even denial of your sealing request.

After your application has been processed by the Adult Probation Department and a report has been completed, your file will be sent to the assignment office to be set for a court date. The Court will communicate with you and/or your attorney either by:

- a) Informing you directly that your sealing request has been approved or denied

Or

- b) Sending a notice to appear in court for a sealing hearing

Please note that once a sealing has been granted, your records have been sealed. You will be mailed a certified copy of the Journal Entry sealing your case. It is recommended that you keep this certified copy **indefinitely** because once your case is sealed, access to documents in your file is no longer available. If you would like a copy of any records prior to sealing of record, you may obtain copies from the Summit County Clerk of Courts File Room by completing a records request as indicated above.

IF YOU HAVE ANY QUESTIONS, OR NEED ASSISTANCE, PLEASE CONTACT THE AKRON LAW EXPUNGEMENT CLINIC AT (330) 972-7751

IF YOU WOULD LIKE TO CHECK ON THE STATUS OF YOUR MOTION YOU MAY CONTACT THE ADULT PROBATION DEPARTMENT AT (330) 643-2310

**IN THE COURT OF COMMON PLEAS
SUMMIT COUNTY OHIO CRIMINAL DIVISION**

_____	: Common Pleas Case #s	_____
Applicant's Name	:	_____
	:	_____
	:	_____
	:	_____
	:	_____
	:	_____
	:	_____

Please complete table on next page

**APPLICATION TO SEAL RECORD OF
CONVICTION PURSUANT TO O.R.C. 2953**

The Applicant moves the Court to order the sealing of the record of conviction in the following case(s) and all related records pursuant to O.R.C. 2953.

_____	_____
Street Address of Applicant	Name of Attorney (if applicable)
_____	_____
City, State, Zip Code of Applicant	Attorney Registration No. (if applicable)
_____	_____
Social Security Number of Applicant	Street Address of Attorney (if applicable)
_____	_____
Date of Birth of Applicant	City, State, Zip Code of Attorney (if applicable)
_____	_____
Race or Ethnicity of Applicant	Email Address of Attorney (if applicable)
_____	_____
Telephone Number of Applicant	Telephone No. of Attorney (if applicable)
_____	_____
Email of Applicant	Signature of Attorney (if applicable)

Please list all aliases, maiden names, or name changes of the applicant since the age of 18:

Please list all cities that the applicant has lived in since the age of 18 (including locations of colleges, schools, military assignments, and employment locations):

Current place of employment of applicant and if unemployed, current source of income:

Reason for requesting this sealing (employment, housing, education, other):

Please complete this table for all cases to be considered for sealing:

Common Pleas Case Number	Municipal Case Number	Municipal Jurisdiction	Charges	Date of Disposition

I, undersigned, acknowledge the above information is true and correct to the best of my ability and that I have no criminal proceedings against me. I further certify that all applicable sealing requirements under O.R.C. Chapter 2953 are met.

Signature of Applicant